



Please type a plus sign (+) inside this box → +

HDP/SB/21 based on PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/073,931
Filing Date	February 14, 2002
Inventor(s)	Bharat Tarachand DOSHI et al.
Group Art Unit	2873
Examiner Name	Evelyn A. Lester
Attorney Docket Number	129250-000950/US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s)	<input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)
<input type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group <i>(Notice of Appeal, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below): Check No. 1317 for \$500</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Capitol Patent & Trademark Law Firm, PLLC	Attorney Name	Reg. No.
Signature			
Date	April 25, 2007		



MAIL STOP AF
RESPONSE UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2873

PATENT
129250-000950/US

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant: Bharat Tarachand DOSHI et al. Conf.: 5324
Appl. No.: 10/073,931 Group: 2873
Filed: February 14, 2002 Examiner: Evelyn A. Lester
For: METHODS AND DEVICES FOR PROVIDING OPTICAL SERVICED-ENABLED CROSS-CONNECTIONS
Docket No.: 129250-000950/US

**NOTICE OF APPEAL FROM THE
PRIMARY EXAMINER TO THE BOARD OF APPEALS**

Customer Service Window
Randolph Building
401 Dulany Street
Alexandria, VA 22314
Mail Stop AF

April 25, 2007

Sir:

Applicants hereby appeal to the Board of Appeals from the decision dated January 25, 2007 of the Primary Examiner finally rejecting claims 1-18.

The enclosed document is being transmitted via the Certificate of Mailing provisions of 37 C.F.R. § 1.8.

Applicants hereby petition for an extension of _____ (04/26/2007 MAHMEDI 00000008 10073937) month(s) pursuant to 37 C.F.R. §§ 1.17 and 1.136(a).

~~01 FC:1401~~ ~~500.00 OP~~

The fee has been calculated as shown below:

NO extensions of time have been previously obtained for responding to the Final

~~04/26/2007 MAHMEDI 00000008 10073931~~

~~01 FC:1401~~

~~500.00 OP~~

Application No. 10/073,931
Attorney Docket No. 129250-000950/US

Rejection. Thus a fee of \$0.00 is required for the full period of the above-requested extension of time.

- An extension of _____(_____) month(s) for responding to the Final Rejection was previously requested and paid for on _____. Thus a fee of \$_____ is required.
- Applicant claims small entity status. See 37 C.F.R. § 1.27.

The Government fee for filing a Notice of Appeal to the Board of Appeals is calculated as follows:

- Large entity - \$500.00
- Small Entity - \$250.00

Therefore, the TOTAL FEE due for the filing of this Notice of Appeal is \$500.00.

Payment of the above TOTAL FEE is being made in the following manner:

- Check in the amount of \$500.00 is enclosed.
- Please charge Deposit Account No. 50-3777 in the amount of \$0.00. A triplicate copy of this sheet is attached.

If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 50-3777 for any additional fees required under 37 C.F.R. §§1.16 or 1.17; particularly, extension of time fees.

Respectfully submitted,

CAPITOL PATENT & TRADEMARK LAW FIRM, PLLC.

By _____

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